



OPERATING PROCEDURE

ALLERGIC REACTIONS

Effective Date:
November 1, 1986

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

BLS

1. Perform initial patient assessment and obtain pertinent medical history.
2. Reduce potential for further exposure to allergen.
3. Determine signs and symptoms of allergic reaction and severity.
 - ✓ **Mild**: localized edema and itching
 - ✓ **Moderate**: systemic hives, systemic itching
 - ✓ **Severe (anaphylaxis)**: respiratory distress, wheezing, throat tightness, altered mental status, decreased perfusion, hypotension
 - ✓ **Immediately Life Threatening**: unconscious, profound hypotension, impending respiratory or cardiac arrest, and/or signs & symptoms of a severe reaction that are not responding to treatment
4. Establish and maintain patent airway, use suction devices and airway adjuncts as needed.
5. Administer OXYGEN as indicated. Provide ventilatory assistance as required.
6. Obtain baseline lung sounds.
7. If indicated, remove stinger(s), apply cold pack to site, place extremity in dependent position. Consider application of constricting bands above and below the site. Do not apply cold packs to snake bites.
8. If patient is hypotensive, consider laying patient supine.

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9. *For patients presenting with respiratory distress, contact Medical Control for permission to assist the patient in administration of their prescribed Epinephrine/Adrenaline, in either Epi Pen or Anakit form. Follow the EMT-B standard of care for assisting the patient.*

ALS ONLY

10. **Connect patient to cardiac monitor and document rhythm strip.**
11. **If reaction is moderate or severe, immediately administer EPINEPHRINE 1:1000 unless previously given by patient or BLS provider.**
- ☐ **Adult: 0.3 to 0.5 mg. SQ**
 - ☐ **Pediatric: 0.01 mg/kg IM or SQ (do not exceed 0.3 mg)**
12. **Establish an IV of 0.9% Sodium Chloride. Administer fluid boluses as necessary.**
13. **If patient presents with a life threatening reaction (as described above) administer EPINEPHRINE 1:10,000:**
- ☐ **0.3 to 0.5 mg (3 - 5 ml) slow IV push. IV EPINEPHRINE should be administered with extreme caution.**
14. **Administer ALBUTEROL 2.5mg/3ml via nebulizer or ETT as indicated for dyspnea, wheezing or difficulty ventilating. Repeat as needed, not to exceed four unit doses.**
15. **If reaction is mild, moderate, severe, or life threatening administer BENADRYL:**
- ☐ **Adult: 25 to 50 mg IV or IM**
 - ☐ **Pediatric: 1.25 mg/kg IV or IM**
16. **For moderate, severe, or life threatening reactions, administer METHYLPREDNISOLONE (SOLU-MEDROL)**
- ☐ **Adult: 125 mg IV**
 - ☐ **Pediatric: 2mg/kg IV**

MEDICAL CONTROL ONLY

17. **Repeat EPINEPHRINE and/or BENADRYL as directed.**
18. **Infuse DOPAMINE at 5 to 20 mcg/kg/min titrated to maintain an acceptable blood pressure.**

19. For suspected Phenothiazine Reactions administer BENADRYL:

- Adult: 25 to 50 mg IV or IM.
- Pediatric: 1.25 mg/kg IV or IM.